



REAL PROPERTY ASSESSMENT DIVISION  
DEPARTMENT OF BUDGET AND FISCAL SERVICES  
CITY AND COUNTY OF HONOLULU

TMK (PARCEL ID)				
ZONE	SEC	PLAT	PARCEL	CPR

**CLAIM FOR EXEMPTION**  
**Church and Other Charitable Purposes (Sec.8-10.10, ROH)**  
**Public Property (Sec. 8-10.17, ROH)**  
**Credit Union (Sec. 8-10.24, ROH)**

<b>1</b>	Exemption is hereby claimed from real property taxation for (state purpose):  _____ (Church and Other Charitable Purposes, Public Property, Credit Union)
<b>2</b>	Print or type applicant's name and business name (dba) if different::
<b>3</b>	Site address and property name
<b>4</b>	Is all of the land and/or building(s) used exclusively for the purpose claimed? <input type="checkbox"/> No <input type="checkbox"/> Yes If "No," explain and state the total area used for this purpose. (If more than one building, show plot plan on reverse side.)  _____
<b>5</b>	The following information relating to your claim for exemption must be submitted together with this claim for exemption: <b>For Church and Other Charitable Purposes: Non-profit documentation, Organizational Charter (where applicable), State or Federal certification of non-profit status</b> <b>For Public Property: Annual filing on or before September 30; Plot Map</b> <b>For Credit Union: Organizational Charter</b>
<b>6</b>	Are you in compliance with the activities for said business? <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>7</b>	<b><u>CERTIFICATION</u></b> I declare, under penalty of law, that all statements in this return are true and correct to the best of my knowledge. I understand that any misstatement of facts will be grounds for disqualification and penalty.
OWNER / OFFICER'S NAME (print /type)	
OWNER / OFFICER'S SIGNATURE	DATE
TITLE	TELEPHONE NUMBER
MAILING ADDRESS	
<div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;"><p style="text-align: center; margin: 0;"><b>FOR OFFICIAL USE ONLY</b></p><p>Received By: _____ Total Property Exempt _____ %</p><p>Date Received _____ Bldg Exempt Amt: _____ Building #: _____ (U.S. Postmark):</p><p>For Tax Year: _____ Bldg Exempt Amt: _____ Building #: _____</p></div> <div style="margin-top: 10px;"><p>MAILING ADDRESS:</p><p>REAL PROPERTY ASSESSMENT DIVISION 842 Bethel Street, Admin/Technical Honolulu, Hawaii 96813</p><p>Phone: (808) 527-5511 (808) 527-5539 (808) 692-5541</p><p style="text-align: right; margin-top: 10px;"><a href="http://www.honolulu.gov/rpa">www.honolulu.gov/rpa</a></p></div>	

## **INSTRUCTIONS**

1. Complete the claim form and ***deliver or mail*** (*U.S. postmarked*) the claim form with supporting documentation, **on or before September 30**, preceding the tax year for which you are claiming the exemption to:

**Real Property Assessment Division  
842 Bethel Street, Admin/Technical  
Honolulu, Hawaii 96813**

**Telephone: (808) 527-5510 or 527-5539    Fax: (808) 527-5540**

**For a receipted copy, submit with a self addressed stamped envelope.**

3. Claim forms are also accepted at all Satellite City Halls. Claims submitted at Satellite City Halls need to be in duplicate. Additional claim forms are available at the Real Property Assessment Division, Satellite City Halls, and the City and County of Honolulu's website at ***<http://www.honolulu.gov/rpa>***.

## **PLOT PLAN**